



SOUTH DAKOTA
HEALTH AND EDUCATIONAL
FACILITIES AUTHORITY

Date: February 23, 2018
To: Members of the South Dakota Health and Educational Facilities Authority
From: Don A. Templeton, Executive Director
Re: Notice of Special Meeting

You are hereby notified that the Chairman has set Friday, March 2, 2018, as the meeting date for the special meeting of the South Dakota Health and Educational Facilities Authority to be held via telephone conference call at 10:00 a.m. CT (9:00 a.m. MT).

You may participate in the meeting by dialing **1-877-336-1828 and enter your Participant Access Code, which is 4677196 followed by the # key.**

Members of the public who wish to listen to the teleconference meeting may do so by dialing in with the above number or by joining us at 330 South Poplar, Suite 102, Pierre, SD.

The following members have indicated they will be available for the meeting:

Gene Lebrun	Norbert Sebade	Jim Scull
Bill Lynch	Dave Fleck	Don Scott (uncertain)

Attached is an agenda and a "Request for State Board Waiver" form for any members needing to disclose a conflict of interest regarding any of the agenda items. Information on agenda items will be sent in the near future.

Cc: Jim Breckenridge, Avera Health
Mike Olson, Avera Health
Vance Goldammer, Redstone Law Firm, LLP
Matt McCaulley, Redstone Law Firm, LLP
Dan Bacastow, Chapman & Cutler, LLP
Amy Cobb Curran, Chapman & Cutler, LLP

South Dakota Health and Educational Facilities Authority

Agenda

March 2, 2018 Special Meeting

Roll Call

1. Conflict of Interest Inquiry
2. Approval of the Minutes for the November 30, 2017 Special Meeting
3. Avera Health Taxable Loan for Aircraft
 - a) Obligated Group Summary/BMO Bank Term Sheet
 - b) Financials
 - c) Resolution
4. Federal Legislation
5. State Legislation
6. Quad-State Meeting Update
7. Other Business
8. Adjournment

Please complete this form, sign it and return to us prior to the meeting so we can include your waiver when we discuss it as an agenda item.

REQUEST FOR STATE BOARD WAIVER

THIS IS A PUBLIC DOCUMENT

Date: _____

Name of Board Member or Former Board Member: _____

Name of Board, Authority or Commission: South Dakota Health and Educational Facilities Authority

Brief explanation of your potential conflict of interest:

Brief explanation of the current or anticipated business transaction with a State agency or with a political subdivision of the State and your role in the transaction:

Brief explanation of the essential terms of the contract or transaction.

Brief explanation of why you believe a waiver should be granted:

Signature of Person Requesting Waiver: _____